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PTO/SB/21 (07-06)

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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/625,937
Filing Date	July 24, 2003
First Named Inventor	Michael Lebner
Art Unit	3731
Examiner Name	Darwin P. Erez
Attorney Docket Number	0156-2004US01

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):  Return Receipt Postcard.
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Firm Name	PIERCE ATWOOD LLP		
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Date	6/14/07	Reg. No.	35,505

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Applicant: ClozeX Medical, LLC  
Prior Application No.: 10/625,937  
Prior Filing Date: July 24, 2003  
Title: DEVICE FOR LACERATION OR INCISION CLOSURE

Docket No.: 0156-2004US01

Date Received by PTO:

Attny/Sec. Initials Vmf Client/ Matter Name ClozeX Medical Date 8/15/05

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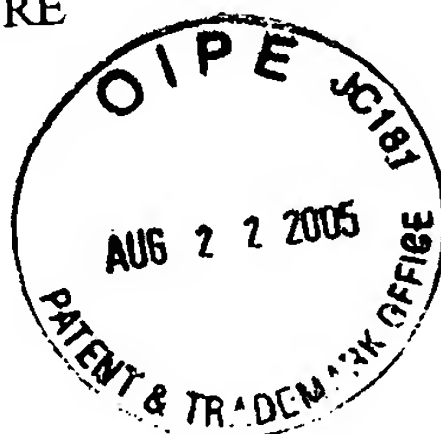
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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael Lebner

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Art Unit: 3731

Examiner: EREZO, Darwin P.

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CERTIFICATE OF MAILING

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AMENDMENT

Commissioner for Patents

P.O. Box 1450

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Dear Sir:

This paper is being filed in response to the Office Action mailed from the Patent Office on March 14, 2007. Please amend the subject patent application as described below.

**Amendments to the Claims** are reflected in the listing of claims which begin on page 3 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.